Regis Tiwi Gardens

Performance Report

11 Creswell Street   
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**Commission ID:** 6997

**Provider name:** Regis Aged Care Pty Ltd

**Site Audit date:** 17 May 2022 to 19 May 2022

**Date of Performance Report:** 29 June 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others
* the provider’s response to the Site Audit report received 9 June 2022 indicating a formal response would not be submitted; and
* the performance report dated 21 July 2021 for the site audit undertaken from 13 April 2021 to 15 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

Requirements (3)(c) and (3)(f) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* each consumer was supported to make decisions about care and service delivery, make connections with others or maintain relationships of choice; and
* each consumer’s privacy was respected and personal information kept confidential.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(c) and (3)(f) and have recommended these Requirements met.

In relation to all other Requirements within this Standard, the Assessment Team found overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

Consumers and representatives were complimentary of the way in which staff spoke with consumers, respected them as individuals and recognised their varying cultures. Consumers from culturally and linguistically diverse backgrounds said staff try to learn about their culture, enabling them to understand what is important to them. Care files reflected each sampled consumers’ ethnicity, cultural preferences, and diversity. Staff spoke of consumers in a manner which demonstrated respect for their culture and diversity, staff practices were observed to reflect culturally appropriate care delivery, and consumer dignity was being considered when staff were assisting consumers with care and service needs.

The service’s approach to delivery of care and services ensures care is provided in a culturally safe way. The service provides care to First Nation consumers and consumers from culturally and linguistically diverse backgrounds, including consumers from varying spiritual backgrounds. Care files demonstrated how the service seeks to identify and record information of cultural significance for consumers and staff provided examples of how cultural influences affect the delivery of consumers’ care and services. Consumers and representatives confirmed the service provides a living environment where consumers feel comfortable to express their cultural beliefs and are supported to retain cultural practices that are important to them.

Consumers confirmed they are supported to take risks to enable them to live the best life they can and indicated they had been involved in assessment processes and in development of risk mitigation strategies. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives and Medical officers and/or allied health professionals occurs, risk assessments are completed outlining risks involved and management strategies developed. Staff were knowledgeable of the service’s policies and procedures and for consumers sampled, described how they support them to partake in activities which include an element of risk.

Information provided to consumers is timely, current and accurate. Information is communicated clearly, easy to understand and enables consumers to exercise choice. Consumers receive information through a number of avenues, including meeting forums, newsletters and noticeboards. Consumers said they receive information relevant to their care and provision of services in an appropriate manner.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate each consumer was supported to make decisions about care and service delivery, make connections with others or maintain relationships of choice. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, development of a catering targeted strategy for consumer consultation; audited all care plans; and completed a review of reassessments and care plans.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Care files sampled for four consumers reflected their choice for sharing of information about their care, including contact details for public guardians where appropriate, persons who are of importance to them and who they wish to participate in decisions regarding their care. Assessments included identification of needs and preferences for communication, and how consumers can be supported to maintain relationships of choice. Staff described how they support consumers to make decisions about their care and services. Consumers and representatives sampled indicated they are consulted about consumers’ care needs and they can make decisions about the manner in which care and services are provided. Consumers said they are supported to make new friends within the service, maintain friendships and connections outside the service and have opportunities to communicate their decisions through various means.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 1 Consumer dignity and choice.

**Requirement 1(3)(d) Compliant**

*Each consumer is supported to take risks to enable them to live the best life they can.*

**Requirement 1(3)(e) Compliant**

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

**Requirement 1(3)(f) Compliant**

*Each consumer’s privacy is respected and personal information is kept confidential.*

The service was found Non-compliant with Requirement (3)(f) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate each consumer’s privacy was respected and personal information kept confidential. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, purchased new equipment to enable secure taking of photographs; removed consumers’ personal information from staff mobile phones; and reconfigured nurses’ stations to ensure consumer confidentiality and security of consumer information.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Each consumer’s privacy is respected and personal information is kept confidential. Policy documents direct staff practice in relation to confidentiality of consumer information. Consumers sign information release documentation which enables information sharing with appropriate persons within and outside the service and for the display of photographs, including images of the consumer. Staff described practices implemented to ensure consumer privacy and confidentiality and these practices were observed by the Assessment Team throughout the Site Audit. Consumers sampled were satisfied their privacy is maintained by staff and their personal information kept securely.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(f) in Standard 1 Consumer dignity and choice.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirements (3)(c), (3)(d) and (3)(e) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* assessment and planning was based on ongoing partnership with the consumer and relevant others who the consumer wished to be involved;
* consumers and representatives had viewed consumers’ care plans; and
* care and services were reviewed regularly for effectiveness when circumstances changed or when incidents impacted on the needs and preferences of the consumer.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(c), (3)(d) and (3)(e) and have recommended these Requirements met.

In relation to Requirements (3)(a) and (3)(b), the Assessment Team found most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans. Additionally, a range of validated risk assessment tools are used to inform care planning, including in relation to pressure injuries, falls, depression and pain, and strategies are developed to mitigate risks. All representatives sampled stated they were in regular contact with staff and are involved in discussions relating to care planning and identification of risks.

Consumer files identified and addressed consumers’ needs, goals and preferences relating to care and services, and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Staff demonstrated an awareness of what was important to each consumer ensuring care and services are delivered in accordance with their personal preferences.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

**Requirement 2(3)(b) Compliant**

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate assessment and planning was based on ongoing partnership with the consumer and relevant others who the consumer wished to be involved. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, embedded a process for a specialist palliative care nurse to be involved in the care of consumers at end of life; an on-call service is now available for known palliative care consumers; and ensured palliative care after hours contact details are more easily available to staff.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Care files sampled demonstrated staff work with the consumer and/or representatives to ensure care and service provision is in line with the consumer’s needs and preferences. Care files also demonstrated involvement of other providers of care, including Medical officers and Allied health services. Development of care plans is completed in consultation with the consumer and/or their representative and staff are encouraged to spend time to get to know the consumer and share information with other members of staff to ensure care plans reflect consumers’ preferences for care. Most consumers and representatives sampled indicated they are involved and engaged in assessment, planning and review of consumers’ care and services.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(d) Compliant**

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate consumers and representatives had viewed consumers’ care plans. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, embedded a clinical care review process enabling staff to discuss outcomes of recent assessment and planning with the consumer and their representatives; included outcomes of assessments on the daily handover sheet; quick reference care plans are available in consumers’ rooms; and senior clinical staff have taken responsibility for ensuring outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

The outcomes of assessment and care planning are communicated to consumers and documented in a care plan which is used by staff to guide provision of consumers’ care and services. Care plans are readily available to all staff through the electronic care management system and hard copies are located in consumers’ rooms. All consumers and representatives sampled stated they have access to care plans, have had regular discussions with staff following assessment processes and are informed of outcomes following Medical officer reviews.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(e) Compliant**

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate care and services were reviewed regularly for effectiveness when circumstances changed or when incidents impacted on the needs and preferences of the consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, embedded clinical care review processes; Clinical nurse managers walk the floor each morning enabling oversight of any changes in consumers’ condition or incidents that have occurred; and established the Clinical team leader role to provide direct support to clinical staff and to work with Clinical nurse management.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Consumers’ care and services are reviewed by clinical staff through monthly care plan reviews, three monthly clinical care reviews, an annual review process and at other times, as required. Care files sampled had been updated in response to a decline in consumers’ health, following incidents, following discharge from hospital, when changes in preferences had occurred and during the annual review process. All representatives sampled stated staff contact them when clinical incidents occur and inform them of actions taken in response. Representatives stated they find the current management team responsive and transparent.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* safe and effective clinical care was provided for each consumer;
* effective management of each consumer’s high impact or high prevalence risks associated with their care;
* goals and preferences of consumers nearing the end of life were recognised and addressed and their comfort maximised;
* changes in consumers’ health or physical function were recognised and responded to in a timely manner;
* referrals had been actioned in a timely manner; and
* effective monitoring of consumers treated for skin conditions.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g) and have recommended these Requirements met.

In relation to Requirement (3)(e), information about a consumer’s condition needs and preferences is documented and communicated with those who are in the service and others where care responsibilities are shared. Care files sampled demonstrated staff complete progress notes, incident forms, risk assessments and other forms as appropriate to record information about care and services provided to consumers. Staff described how information is shared and provided to those outside of the service to ensure consumers’ condition, needs and preferences and known by those providing care. Allied health professionals indicated they receive sufficient information about the care and condition of consumers to enable them to effectively carry out their duties.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate safe and effective clinical care was provided for each consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed wound management and wound contamination policies, protocols and procedures; provided training for all staff on wound management; implemented a new electronic medication system; and developed an information folder to assist staff with prevention and management of wound contaminations.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Assessments, based on validated tools, of consumer’s health and well-being are undertaken and drive interventions based on best practice care.Care files sampled for consumers with complex issues demonstrated prompt clinical management and application of best practice care, including in relation to wounds, pressure injuries, skin integrity, restrictive practices and pain. Most consumers and representatives sampled indicated that while they were satisfied with the clinical and personal care provided, most also stated they felt they needed to closely monitor the care provided due to previous issues and concerns. Care staff sampled described what they do when they have concerns about a consumers’ personal or clinical care, including speaking directly to clinical staff, and they feel comfortable to do so.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was found Non-compliant with Requirement (3)(b) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate effective management of each consumer’s high impact or high prevalence risks associated with their care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, developed a clinical care training program to reflect deficits identified at the Site Audit undertaken in April 2021; immediate, on the ground support provided by clinical management and Clinical educator to support and supervision to clinical and care staff; and provided training to staff in relation to identification and management of high impact or high prevalence risks.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

A sample of consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Individualised strategies to minimise the impact of these risks are outlined in each consumer’s care plan and were noted to be reviewed following incidents and/or changes to consumers’ health or well-being and on a regular basis. Care files demonstrated appropriate management of risks relating to wounds, behaviours and falls. Where issues are identified, reassessments occur, care plans are reviewed and updated and referrals to Allied health and/or Medical officers initiated. Staff described the main risks for the consumers sampled and how these risks are managed. Consumers and representatives sampled indicated consumers generally feel staff provide safe care that is right for them.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate goals and preferences of consumers nearing the end of life were recognised and addressed and their comfort maximised. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, revised the daily handover document to include consumers who are palliating and the trajectory they are on; provided education to staff relating to palliative care; and updated all palliative care plans.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Two consumer files sampled demonstrated palliative care pathways had been initiated, in line with the consumer’s presenting health status. For one consumer, representatives had been provided an opportunity to complete an advanced personal plan document in response to the consumer’s deteriorating condition. Staff have been provided education and training to ensure consumers approaching end of life are supported and deterioration is identified promptly, enabling appropriate intervention and notification to representatives. One consumer stated they had a discussion with staff about what they would like to happen when they pass, indicating they are confident staff will uphold their wishes and keep them comfortable when their time comes.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(d) Compliant**

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate change in consumers’ health or physical function was recognised and responded to in a timely manner. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited, established a Clinical team leader role to support clinical staff and to escalate any issues of concern to the clinical management and Medical officers; provided training to staff and implemented a quick reference flip chart to guide staff in the management of acute deterioration; and reviewed handover processes resulting in increased efficiency and understanding for registered staff when communicating information about changes in a consumer’s condition.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Care files sampled for four consumers demonstrated deterioration in a consumer’s cognitive or physical health status is investigated by clinical staff and referrals to the Medical officer and/or appropriate Allied health professionals are initiated. Care staff stated they would escalate concerns relating to consumers’ changed condition to clinical staff and clinical staff said they are made aware of concerns regarding a consumer’s condition, including through handover processes. All representatives sampled indicated they are informed when consumers become unwell or if they require transfer to hospital.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(e) Compliant**

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 3(3)(f) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The service was found Non-compliant with Requirement (3)(f) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate referrals had been actioned in a timely manner for all consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including embedding a clinical leadership and supervision model ensuring staff make timely and appropriate referrals to relevant health professionals; and provided training for staff relating to identification and management of swallowing issues, including referrals.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

The service works with consumers and representatives to identify individuals, organisations or providers that can deliver care, services and supports to meet consumers’ needs. The service has access to an external contracted company for access to Medical officers, practice nurses and a Geriatrician; access to the service has resolved issues relating to accessing Medical officers. Care files sampled demonstrated referrals have been made to relevant health professionals where staff have identified a relevant need, and referrals had been actioned in a timely manner. Representatives stated they were satisfied with referrals to Allied health professionals and Medical officers.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The service was found Non-compliant with Requirement (3)(g) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate effective monitoring of consumers treated for skin condition. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including reviewed policies relating to management of skin conditions and wound contamination; provided education to all staff; and implemented an improved clinical leadership model.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

The organisation has an effective infection prevention and control program that is in line with the national guidelines. There is a designated Infection prevention and control lead. Clinical staff stated, and care files sampled demonstrated consumers are reviewed by the Medical officer where an infection is suspected. Where antibiotics are prescribed, these are regularly reviewed by the Medical officer and are ceased when symptoms have resolved. The service experienced a COVID-19 outbreak in February/March 2022. Following initial identification of a positive consumer, the service went in to lockdown, separate wings were locked down, personal protective equipment stations were set up and staff cohorted. A quality report was completed following the outbreak to identify lessons learned. Staff were observed practicing appropriate infection control processes throughout the Site Audit.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Requirement (3)(f) was found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate meals provided were consistently of suitable quality and variety. The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirement (3)(f) and have recommended this Requirement met.

In relation to all Requirements in this Standard, the Assessment Team found overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Care files sampled included assessments relating to consumers’ well-being, spiritual, psychological and emotional needs, preferences and goals for care. Care staff gave examples of emotional support provided to consumers, activities individual consumers enjoy, consumers who like to attend a lot of activities and those who prefer one-to-one time. Consumers said the service supports them to live their best life through the provision of services, such as activities, referral to external service providers, maintaining contact with family and friends and providing equipment that assist their mobility and independence, and are well supported emotionally by staff or their families.

An activities calendar is maintained with activities tailored to consumers’ needs and preferences, and consumer engagement and satisfaction with the activities provided is monitored. Care files sampled included persons of importance to consumers, their preferences for activities within and outside the service and assistance required to enable them to engage in activities. Consumers were satisfied that they can maintain relationships of their choosing and engage in things that interest them.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers said they provide consent for information to be shared with external service providers, where appropriate, and are consulted about other services they may require.

Equipment was observed to be safe, suitable, clean and well maintained. Staff said they have access to adequate equipment to enable them to undertake their work effectively. Equipment used by consumers is monitored, including through preventative and reactive maintenance processes. Consumers said they are provided equipment, which is comfortable, suitable and supportive.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The service was found Non-compliant with Requirement (3)(f) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate meals provided were consistently of suitable quality and variety. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including completed an audit relating to choice and variety of meals; reviewed texture modified meals; provided education to catering staff relating to texture modified meals; surveyed consumers to understand meal satisfaction; and revised the menu to include two hot meal choices for lunch and dinner.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Consumers dietary needs are identified through assessment processes on entry and ongoing through three-monthly care reviews. Where changes to dietary needs occur, Allied health professionals are consulted, and recommendations recorded in care plans. There are processes to ensure changes to consumers’ dietary requirements are communicated, including to catering staff. A seasonal rotating menu is in place and is generated corporately based on Dietitian approved, nutritionally based meals, and is adapted to meet the preferences of consumers. Staff described consumers’ specific dietary needs and how these are tailored to the needs of individual consumers. Most consumers sampled were satisfied with the quality and quantity of the food provided and while two consumers said they did not always like meals on the menu, they said they had other options.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

Requirements (3)(b) and (3)(c) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* the service environment was safe, clean and well maintained; and
* furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(b) and (3)(c) and have recommended these Requirements met.

The Assessment Team found overall, sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

In relation to Requirement (3)(a), the service environment was observed to be welcoming and easy to understand, optimising each consumer’s sense of belonging, independence, interaction, and function. Consumers are accommodated in both single and double rooms which are personalised in accordance with consumers’ wishes. Private and shared bathrooms are available. There are shared communal areas, including lounge areas, activity areas, a café and spacious outdoor areas which can be enjoyed by consumers. Consumers and representatives were satisfied consumers are able to move around the facility safely and the living environment enables them to engage socially with other consumers and visitors

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

**Requirement 5(3)(b) Compliant**

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The service was found Non-compliant with Requirement (3)(b) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate the service environment was safe, clean and well maintained. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, completed a detailed environmental audit and created a priority works list; replaced damaged and/or worn furniture, equipment, fire doors, vinyl flooring and ceilings; and reviewed chemical storage and provided training to staff.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

The living environment was observed to be safe, clean and well maintained, and cleaning staff were observed undertaking routine cleaning of consumer rooms, common areas and corridors. Consumers were observed utilising outdoor areas which well maintained. Preventative and reactive maintenance processes are in place and related documentation sampled demonstrated maintenance issues are identified and actioned in a timely manner. All consumers sampled said they can go outside when they want to and expressed satisfaction with cleaning and maintenance processes.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with all Requirement (3)(b) in Standard 5 Organisation’s service environment.

**Requirement 5(3)(c) Compliant**

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, repaired and/or replaced air-conditioning units, cleaning trolleys and the call bell system; lifting machines have been serviced in accordance with manufacturer’s requirements; and continued monitoring of the preventative maintenance program to ensure timely attention to task requirements.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Furniture, fittings and equipment were observed to be safe, well maintained, and suitable for the consumer. Consumers were observed using dining rooms and common areas throughout the Site Audit and commented on the comfort of furniture when asked. Policies and procedures are available to guide staff practice and staff utilise daily tasking sheets to ensure cleaning tasks are completed. Maintenance logs demonstrated regular maintenance of fixtures and fittings occurs in a timely manner and reactive issues are also addressed. Clinical and care staff described the reactive maintenance system and processes to ensure safety of equipment. Consumers sampled said the furniture provided is suitable for their needs, they feel comfortable and are satisfied with cleaning processes.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 5 Organisation’s service environment.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

Requirements (3)(c) and (3)(d) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* appropriate actions were always taken in response to complaints or that open disclosure processes were effectively deployed when things go wrong; and
* feedback and complaints were reviewed and used to improve the quality of care and services.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(c) and (3)(d) and have recommended these Requirements met.

The Assessment Team found overall, consumers sampled considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

In relation to Requirements (3)(a) and (3)(b), consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers are supported to provide feedback through various avenues, including meeting forums, feedback processes, surveys and directly with staff and management. Staff described how they assist consumers with communication difficulties or with cognitive impairments, including completing feedback forms on the consumer’s behalf, and reporting verbal complaints or feedback to management. Consumers and representatives said they feel comfortable raising concerns and issues with staff, were aware of avenues to raise issues and reported management is very approachable. Staff said they encourage consumers to raise issues and complete feedback forms as required.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis. Feedback forms and external complaints and advocacy information was also observed on display within the service. Translating and interpreting services are available and information is written in languages other than English. Information can also be transcribed into the consumer's language, if required. Consumers and representatives confirmed they received information regarding advocacy services on entry and confirmed there is plenty of information available if they require assistance.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate appropriate actions were always taken in response to complaints or that open disclosure processes were effectively deployed when things go wrong. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, training provided to staff in relation to complaints management and open disclosure; included complaints feedback as a standard agenda item at staff meetings; assigned a designated point of contact for all complaints/concerns; and reviewed onboarding and orientation processes to ensure complaint management and open disclosure process is captured.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

A Feedback register is maintained and demonstrated complaints are captured and appropriate action is taken in line with the service's process. Clinical and care staff described the complaints handling process and were aware of open disclosure principles, and said they had received training in the complaints management process, including open disclosure. Consumers and representatives sampled were satisfied appropriate action is taken in response to feedback and the service informs them promptly when adverse events occur. Additionally, they said the service had informed them of clinical issues or mistakes and given them an honest explanation of what went wrong. They said they are informed of all matters in an open and transparent approach by staff and management.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

**Requirement 6(3)(d) Compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed the feedback system and provided training to all staff and management relating to complaints management processes; completed a retrospective review of all feedback not actioned; held an information session for consumers and their families to inform them of feedback and complaints processes; and provided representatives one email address to provide feedback, which is monitored with complaints/concerns forwarded to a designated point of contact.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Feedback and complaints are logged and tracked until they are finalised. Actions implemented are recorded on the continuous improvement form. Feedback is monitored daily and trended monthly through meeting forums. Feedback from consumers and representatives in relation communication by management was overwhelmingly positive. They indicated there has been a significant improvement in relation to the feedback process and actioning of complaints.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(c) and (3)(d) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* there were sufficient numbers of staff to ensure the delivery and management of safe and quality care and services;
* members of the workforce were competent and knowledgeable, specifically clinical staff, to ensure they effectively perform their roles; and
* processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(c) and (3)(d) and have recommended these Requirements met.

In relation to Requirements (3)(b) and (3)(e), workforce interactions with consumers were observed to be kind, caring and calm. Overall, consumers and representatives confirmed staff are kind, caring and respectful of consumers’ identity, culture and diversity, providing care in line with their preferences and needs. Staff sampled said they would escalate and report any incidents where they witnessed other members of the workforce being disrespectful or unkind to consumers to management.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Probationary and annual performance review processes are in place. Staff performance, skill gaps and training needs are also identified through review of incident data, clinical audits, feedback and clinical data. Performance management processes are initiated where poor performance, behaviour or attitude is identified.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 7 Human resources.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate there were sufficient numbers of staff to ensure the delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed staffing across the service; appointed a Nurse advisor and two fulltime Clinical care managers; and recruited a full team of Registered nurses, and appointed personnel care assistants and Food service assistants.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

The service was able to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Consumer needs are determined and monitored on a day-to-day basis and there are processes to manage staffing shortfalls. All consumers felt there were enough trained and skilled staff to meet their needs, and when they use the call bell it is responded to efficiently.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(a) in Standard 7 Human resources.

**Requirement 7(3)(b) Compliant**

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

**Requirement 7(3)(c) Compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate members of the workforce were competent and knowledgeable, specifically clinical staff, to ensure they effectively perform their roles. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, appointed a Nurse advisor who provided education to clinical and care staff; deployed a key personnel team to establish an experienced leadership within the service; and developed a clinical care training program to reflect deficits identified at the Site Audit undertaken in April 2021.

The Assessment Team provided the following evidence and information collected through interviews, and documents which are relevant to my finding in relation to this Requirement:

The service has processes to ensure the workforce is competent, including through initial recruitment and induction processes, followed by support for staff to complete role-specific training on an ongoing basis. Staff are allocated training based on their roles and there are processes to monitor completion of mandatory training components. Documentation sampled, and feedback from management demonstrated effective processes are in place to check workforce qualifications and competency and identify where further training is required. All consumers and representatives sampled said staff are attentive to consumers’ needs and they are confident that staff were both competent and suitably qualified to undertake their roles.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 7 Human resources.

**Requirement 7(3)(d) Compliant**

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service could not demonstrate effective processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, developed a skills matrix of all staff, identifying areas of knowledge and development; immediate on the ground support provided by clinical management and Clinical educator to support and supervise clinical and care staff; and implemented an agency staff orientation folder to support new agency staff on their first shift.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Onboarding processes include a site orientation, mandatory training based on job roles and buddy shifts. Following induction, ongoing training is provided as part of the scheduled training calendar. Information gathered through staff performance appraisals, clinical audit outcomes and feedback in relation to care and services is used to guide staff training needs. Induction checklists and minutes for staff meeting forums demonstrated the service provides support to staff to ensure they are trained, equipped, and supported to undertake their roles. Staff confirmed they have completed recent mandatory education and are offered extensive education opportunities. Consumers and representatives are satisfied with the level of training provided to staff and consumers feel safe when receiving assistance from staff.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(d) in Standard 7 Human resources.

**Requirement 7(3)(e) Compliant**

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirements (3)(c) and (3)(d) were found Non-compliant following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the service did not demonstrate:

* effective governance systems in relation to information systems, workforce governance, regulatory compliance and feedback and complaints; and
* effective risk management systems and practices to support management of consumers’ high impact or high prevalence risks associated with their care.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(c) and (3)(d) and have recommended these Requirements met.

In relation to Requirements (3)(a), (3)(b) and (3)(e), the Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving delivery of care and services. Consumers and representatives are involved in decision making processes in relation to care and services and regular feedback from consumers is sought to assist to inform continuous improvement. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including surveys, meeting forums, focus groups, care evaluations and feedback mechanisms. Consumers said management and key staff, including clinical, lifestyle, catering and environmental services, attend monthly meeting forums and management check on them often to see how they are going.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board of directors are responsible for the overall management of the organisation, including guidance relating to the strategic direction, ensuring best practice corporate governance and oversight of management. The organisation has a range of reporting mechanisms to ensure the Board is aware of undertakings at the service.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff sampled were aware of organisational policies and procedures relating to these aspects and described how they implement these within the scope of their roles. Staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, to be Compliant with all Requirements in Standard 8 Organisational governance.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

**Requirement 8(3)(b) Compliant**

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

**Requirement 8(3)(c) Compliant**

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found that while the organisation demonstrated effective organisation wide governance systems relating to continuous improvement and financial governance, effective governance systems in relation to information systems, workforce governance, regulatory compliance and feedback and complaints were not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consumers’ identified social needs are now communicated to staff resulting in lifestyle services being delivered in a way that meets consumers’ needs and preferences.
* Feedback and complaints are consistently recorded or escalated resulting in appropriate actions being taken or improvements implemented.
* Information relating to how consumers wish care and services to be delivered and changes in their condition and care needs is now consistently up-to-date and effectively communicated to staff to guide and assist with delivery of care.
* Examples of continuous improvement were evidenced.
* Training provided to staff in relation to incident management and the Serious Incident Response Scheme.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* In relation to information management, appropriate members of the workforce access to information to guide and assist them in their roles.All staff have separate logins for computer access and nurses' stations require passcodes. There are policies and procedures in relation to how information is stored, maintained, shared, and destroyed to ensure confidentiality is maintained.Education relating to privacy, confidentiality and record keeping is conducted, including as part of the onboarding process and is in line with the code of conduct for employees.
* In relation to continuous improvement, a continuous improvement policy, forms, and a register are in place that documents actions and outcomes. A continuous improvement plan is maintained and is monitored and updated accordingly in consultation with the service’s leadership and organisationally. Incidents are analysed monthly and discussed at both site and organisational meeting forums. Trend analysis of complaints is undertaken monthly and data is used to inform continuous improvement initiatives at a service and organisational level.
* In relation to financial governance, systems and processes are in place to manage the finances and resources that the service needs to deliver safe and quality care and services. Annual reporting described evaluation and review of annual general-purpose finance reports.
* In relation to workforce governance, a range of human resource guides and policies are available in relation to recruitment, staff education and training, workforce risk management, staff performance and development to guide practice.A robust orientation/onboarding program is in place for staff and job and person specifications for management and staff outline clear responsibilities and accountabilities. Probationary and annual staff appraisal processes are in place.
* In relation to regulatory compliance, there are processes to identify legislative requirements and/or changes. Relevant changes are sent out to business owners/managers to implement where required, ensuring staff are informed of changes to policies and procedures, and legislative requirements. A clinical risk register is maintained and includes risks at the strategic, organisation-wide and service unit levels for compulsory reporting. The reportable incident register demonstrated incidents had been reported within legislated timeframes and in line with the service’s reporting policy.
* In relation to feedback and complaints, feedback is documented, followed up with the complainant and actions taken as required. Documentation demonstrated best practice complaints handling had been applied, including open disclosure principles as appropriate. Staff have been provided training in relation to managing complaints and grievances in line with the organisation complaints management processes.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

**Requirement 8(3)(d) Compliant**

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit undertaken from 13 April 2021 to 15 April 2021 where it was found the organisation could not demonstrate effective risk management systems and practices to support management of consumers’ high impact or high prevalence risks associated with their care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Established a Quality Project team and on-site Clinical leadership team.
* Training provided to staff relating to identification and management of high impact high prevalent risks; incident reporting system and incident management processes; and the Serious Incident Response Scheme.
* Developed a clinical care training program to reflect issues raised at the Site Audit undertaken in April 2021.
* Implemented new processes to identify and report reportable incidents.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* A documented risk management framework, supported by policies describes how the service effectively manages high impact or high prevalence risks associated with the care of each consumer. Incidents are analysed monthly and discussed at site level and organisational meeting forums and presented to the Board. A range of policies and procedures are in place to ensure effective governance systems to guide staff when providing care and identifying and managing risks.
* In relation to identifying and responding to abuse and neglect of consumers, incidents of abuse and neglect are managed and documented through the Serious Incident Response Scheme incident management system. Staff advised, and training documentation reviewed showed, risk-based training along with training sessions are provided to staff on subject areas, such as dementia awareness, elder abuse, neglect of consumers, and responding to challenging situations are undertaken at the service. A ‘Catch and call’ system in place, where anyone who observes a staff member do/say anything inappropriate they are to say something to them, tell them to apologise to the consumer and escalate the matter to their manager.
* In relation to supporting consumers to live the best life they can, where consumers wish to take risks, risk assessments are completed and risk mitigation strategies are implemented. Consumers sampled said they are supported to live the best life they can, including continuing to partake in activities which include an element of risk.
* In relation to managing and preventing incidents, there are mechanisms to report all incidents, and staff sampled were knowledgeable about reporting and documenting consumers and staff incidents. Staff are provided training and support in relation to the incident reporting system, the Serious Incident Response Scheme and incident and complaints management processes.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

**Requirement 8(3)(e) Compliant**

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.